L

MOTHER

CAUSE

V. S. No. 1

M

17. INFORMANT

19. UNDERTAKER

(Address)

(Addrass)

(State or country)

18. BURIAL, CREMATION, DR REMOVAL

should state

OCCUPA-

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8066
1. PLACE OF DEATH	
County I railington	gra)
	Registration Dist. No. 305
Village or City. 10 male voto	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?dsds.
2. FULL NAME Harvy S. Bomberg	IT U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Correct Months Days If LESS than 1 day,	21. DATE OF DEATH (Month) (Day) (Veg) 22.
12. BIRTHPLACE (city or town) Bounders (State or country) Truck Common Bentungar	Other Contributory Canses of Importance: Printing aguing stating 4/24/3 Charica Popular teating 4/24/3
2 14 BIRTHPI ACE (city or town)	Name of operation

What test confirmed diagnosis?__

Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Natura of Injury If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

CAUSE

LION

OCCI bluods

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AGG 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory course of importance	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

H. L. Porterfield

BINDING

RESERVED

ARGIN

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALLE ALL			19 -1112
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8069
1. PLACE OF DEATH	95-6
County Washington	Registration Dist. No. 307
Village or City Brownsville	
Length of residence in city or town where death occurred 40 yrsmos	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME John W. Campbell	If U. S. Veteran, specify WAR
(a) Residence: No. <u>Brownsville, Md.</u> (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. CDLOR OR RACE White 5. SINGLE, MARRIED, WIDDWED, OR. DIVORCED (write the word) Widowed	July 11, 193 7 (Month) (Day) (Year)
52. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Campbell	22. I HEREBY CERTIFY, That I ettended deceased from 1977, to 1977
6. DATE OF BIRTH (month, day, and year) May 20, 1858	I last saw h alive on 19 ; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date seed above at 12 no cn The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Andustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) W. Virginia	Dther Contributory Causes of Importance:
13. NAME Jacob Campbell 14. BIRTHPLACE (city or town) Jacques (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Betty Davis 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. James W. Campbell (Address) Brownsville, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Brownsville, Md Date July 13, 1937.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md.	24. Wes disease or injury In eny way related to occupation of deceased? If so, specify
20. FILED July 12th, 1937 Cornelius H. Castle Deputy Registrar.	(Signed) M. D. (Address) Levine I (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I AUG A 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE C	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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8070

1. PLACE OF DEATH		
County Washington		Registration Dist. No.
Village or City Hancock, N	id.	NoSt.,Ward
Length of residence in city or town where death	(If occurred 32 yrs mos.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Madeli	ne Elizabeth	Corbettf U. S. Veteran, specify WAR
(a) Residence: No. Hancoc	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July 18, 193 7 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of George L	. Corbett	22. I HEREBY CERTIFY. Thet i attended deceased from
6. DATE OF BIRTH (month, day, end yeer) NOV	16, 1904	I last saw hearth alive on 1997 1, 1937; death is seld
7. AGE Years 32 Months	Days If LESS then I dey,hrs. ormin.	to heve occurred on the date steted above, at 200 Am The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. HOJ		Were as follows: Oata of one ot
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and		young tents
10. Date deceased last worked et this occupation (month and yeer)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Washingto (Stete or country) Md.	on County	Other Contributory Causes of importance:
13. NAME Peter Shives		· .
13. NAME Peter Saives 14. BIRTHPLACE (city or town) Washing	gton County	Name of operation Date of
(State of country)		What test confirmed diagnosis? Wes there en eutopsy?
15. MAIOEN NAME Hattie Kr		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Hattie Kro 16. BIRTHPLACE (city or town) Allegi (Stete or country)	heny County	Accident, suicide, or homicide?
17. INFORMANT George L. Co: (Address) Hancock, Me	d	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in NOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cataul Nessee Hangock, Md. Or	a Milbrist Cemelly	Manner of injury
19. UNOERTAKER Snyder-Rowland (Address) Hancock.	d Funeral Home	
20. FILED / 19 , 1037 7 9	Leus Cius Registrar.	(Signed) Hancel. Md. M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. AGE should be

ARGIN RESERVED FOR BINDING

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLA m

STATE OF MARYLAND-CERTIFICATE OF DEATH

SIAIL OF MARTENIE	CERTIFICATE OF DEATH
1. PLACE OF DEATH	157.8
County Washing Lou	Registration Dist. No. 307
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. Hartold Cougene Soulle (Ushal place of abode)	7 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH .
male w. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from may 23, 1937, to may 26, 1937.
6. DATE OF BIRTH (month, day, and year) May 23 1987	I last saw h. alive on may 26 ,1937; death is said
7. AGE Yeers Months Oays If LESS than I day,	to have occurred on the date stated above, at D. Am.
2 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month and spent in this spent in this	Spinal filida, awar
9. Industry or business In which work was done, as SILK MILL,	The state of the s
SAW MILL, BANK, etc	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Santa Co. Md.	
13. NAME Edward Mason Soulter	
13. NAME Edward Mason Souther 14. BIRTHPLACE (city or town) Brownswille (State or country)	Name of operation
(Grate of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAI DEN NAME Blanche M. Kidwell 16. BIRTHPLACE (city or town) Brungwich (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Brunswick	Accident, suicide, or homicide? Date of Injury, 19
(State or country), Fred doe, Md.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Edw. Mason Coulter (Address)	Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sycumourle Date July 28, 1937	Manner of Injury
19. UNDERTAKER Stra F. Bast & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Boonsboro, Md.	If so, specify
20. FILEO July 27 to 1937 Cornelius N. Castle	(Signed) Q & M.D. (Address) Harfurg Ferry - W.V.

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V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 4	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		CEIVEDI	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastrocnteritis 1937	1 year
		. 3.	

V. S. No. 1

Registration Dist. No. St., Waurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth? yrs. mos. If U.S. Veteran, specify WAR. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH ATE OF DEATH July (Month) (Day) (Yaar) I HEREBY CERTIFY, That I attended daceased from the date stated above, at most and most
St., Waurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
which alive on live of the date stated above, at live on line institution, give its NAME instead of street and number) If II. S. Veteran, specify WAR was lifted in the most of the
Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH ATE OF DEATH July 1 (Month) (Day) (Yaar) I HEREBY CERTIFY, That I attended daceased from 1937, to 1937; death is so occurred on the date stated days, at 19.37; death is so occurred on the days occurred on t
Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH ATE OF DEATH July 1 ,193
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH ATE OF DEATH July 1 3 (Month) (Day) (Yaar) I HEREBY CERTIFY, That I attended daceased from 1937, to 1937; death is sometimes occurred on the date stated dave, at 1937. INCIPAL CAUSE OF DEATH and related causes of importance
MEDICAL CERTIFICATE OF DEATH ATE OF DEATH July 1 3 (Month) (Day) (Yaar) I HEREBY CERTIFY, That I attended daceased from 1937, to 1937; death is so occurred on the date stated dave, at 1937.
(Month) (Day) 193 (Yaar) I HEREBY CERTIFY, That I attended daceased from 1937, to 1937; death is so occurred on the date stated above, at 1937.
I HEREBY CERT FY, That I attended daceased from 1937, to 1937; death is sometimes of the stated days, at 1937.
occurred on the date stated drive, at
occurred on tha date stated above, at
occurred on the date stated above, at
INCIPAL CAUSE OF DEATH and related causes of importance
- follows:
Date of one
7/1
The state of the s
Coutributory Causes of Importance:
P P
luco delevano /92
of operation Date of
st confirmed diagnosis?
ath was due to external causes (VIOLENCE) fill in also the following: 1t, suicide, or homicide?
did injury occur?
(Specify city or town, county and State) whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
of injury
diseasa or injury in any way ralated to occupation of deceasad? 70.
pecify
(Address) Williams pour md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat
Arteriosclerosis	BECFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B

STATE OF MARTEAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Washington	Wash Registration Dist. No. 302
Village or City Hay esstown md	No. Hageistown Hespital St., 3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Masy Catherine Do	wis /
(a) Residence: No. Paramount Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Journal White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
54. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. July Discrete to 3 2
6. DATE OF BIRTH (month, day, end year) Feb 18 1937	I last saw h. IA: alive on OULY & 19.3 1 death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at IOPm.
4 19 1 dey,hrs	mere se tellonic.
8 Trade profession or particular	Date of one et
kind of work done, as SPINNER, at home	- Luberculous //chingitis 6/20/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	7
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) / Lagerstown,	Other Contributory Causes of importanca:
(State or country) Md	- luberci lunindia
13. NAME Vosald Davis	
13. NAME Said David 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Ma	What test confirmed diegnosis? XY
15. MAIDEN NAME Viola mongan 16. BIRTHPLACE (city or town)	23. If death was due to external couses (VIOL ENCE) fill in also the following:
	Accident, sulcide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mr Nosald Davis (Address) La Gentour Md # 4	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Kose Well Cometry Data 7/9 ,1937	Natura of injury
19. UNDERTAKER Waller 4 Grove	24. Was diseese or injury in any way lefated to occupation of femorased?
20. FILED I 9 1927 Chast Boulest	(Signed) M. D. (Addrass) 10 9 M. D.
	t, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	il	Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 0 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	•	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting

(Address)

1. PLACE OF DEATH Length of residence in city of town where death 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 5a. If married, widewed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day.___hrs or min. 8. Trade, profession, or particular kind of work done, es SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9: Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spant in this this occupetion (month and occupation ___ year) ____ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR___ Ward. If nonresident give city or town and State CERTIFICATE OF DEATH MEDICA 21. DATE OF DEATH onth) (Day) (Year) CERTIFY. That I ettended deceesed from CAUSE OF DEATH end related causes of importance Date of onset Other Contributory Causes of Importence: Name of operation___ What test confirmed diagnosis? 23. If death was due to externel causes (VIOLENCE) fill in liso the following: Date of injury ______ 19 Accident, suicide, or homicide? Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 110 8 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ite	102	of	1
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Eve	MA	eme	
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OR	HY	20	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 8075
1. PLACE OF DEATH	(131)
County Mask	Registration Dist. No OG
Village or City Have Collo	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmore	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ques Codurand	If U. S. Veteran, specify WAR
(a) Residence: No Such Residence: No Such Residence of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS,	MEDICAL CERTIFICATE OF DEATH
3. SEC 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monty) (Day) (Teer)
5a. If marriad, widowed or divorcad A HUSBAND of (or) WIFE 90 MASY TO ME.	22. I HEREBY GERTIFY Thet Varies ded deceased from
6. DATE OF BIRTH (month, day, and yate) (18. 18.	I last say h Lace alive on Yuky 17 1937; death is said
7. AGE Years Months Days If LESS than	to hav occurred on the date stated shove, at 630 m.
56 10 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related courses of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER AND SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Marra andre
10. Data deceased lest worked at this occupation (mount and year) occupation.	0,10,000
12. BIRTHPLACE (orly or town) fau Oscio Inf	Othar Coutributory Causes of importence:
13. NAME SAMES A SIRTHPLACE (city or town)	Chronic Suffriers
(Stata or country)	Neme of operation Date of
15. MAIDEN NAME Sarah & Bewhay	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Auctock mg	Accident, suicida, or homicide?
17. INFORMANT / SO Dassy 2 Della	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

18. BURIAL

19. UNDERTAKER (Address)

24. Was disaasa or injury in ab If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury Natura of injury.

(Address)

V. S. No. 1

20. FILED

-WRITE PLAIN

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(192)
county Washington.	Registration Dist. No. 302
Village or City Ne av Cear Soss,	No. St., Ward
Length of residence in city or town whare death occurrad\yrs(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
2. FULL NAME Hex bext Eavey	If U. S. Veteran, specify WAR
(a) Residence: No. Cear 5055 Mad (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Security	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) C 21 - 19 28 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 430 f.m. The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and spent in this companion (month and spent in this	were as follows: Date of onset To lightning.
SAW MILL, BANK, etc	Other Coatributory Casses of Importance:
12. BIRTHPLACE (city or town) 1 U. V. State or country)	
13. NAME (\Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Neme of operation
15. MAIDEN NAME Leve E de au de le 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT any: e Favey (Addrass) + agey stown. www.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place 1 - 15 4- 12 Data July 11 , 1937	Mannar of injury
19. UNDERTAKER FJ. 15. (005) - mare (Address) Fager Stown www	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 11. 1937 Janet Managedet Folty	(Signed) flow and the M.D. (Address) Hagersland Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ABBITIONAL STACE FOR FURTHER STATEMENTS BY THISICIAN	74 174	
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V. S. No. 1 N. B.—V

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1. PLACE OF DEATH			(22-0)	
County Washin	notion		Registration Disf. Np.	302,
Village or City	the second second second second second	(1	ND. Wash Co. Med St., St., f death occurred in a hospital or institution, give its NAME instead of street an	3 Ward
Length of residence in city or tow	n where death occurred		ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME an	nan do 8	· 6 The	2	/
(a) Residence: No. 2	00 Will (Usual place of	abode) AN	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STA	ATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RA		IED, WIDOWED,	21. DATE OF DEATH 7- 17-	. 193/
5a. If merried, widowed, or divorced	YHOUR	<u> </u>	(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of	in Etter		22. I HEREBY CERTIFY, That I attended	ed deceased from
6. DATE OF BIRTH (month, day, end yea	mor. 2	1 1858	I last saw have alive on 7 17 19	> death is said
	onths Deys	If LESS than	to have occurred on the date steted above, atm.	,
52	7 26	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or perticular	NED 11		HOLE AS TOHOUS.	Date of onset
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	NER, House de	tus	Leibouro bellouise	~/
9. Industry or business in which work was done, as SILK MIL	L.	The History		//3/
work was done, as SILK MIL SAW MILL, BANK, etc			Graniel Herma	7.7
this occupation (month and year)	11. Total tim	tn this		1/1/
1 3001)	оссир	etion	Other Coutributory Causes of Importance:	1/9/0
12. BIRTHPLACE (city or town)	en Chan			
(State or country)	1-1 Comple	making		
13. NAME	, gents	elman		
14. BIRTHPLACE (city of town)	A .		Name of operation Dete of	
(State or country)	104		What test confirmed diagnosis? Was there as	n autopsy?
15. MAIDEN NAME	elyn Mi	more	23. If death was due to externel causes (VIOLENCE) fill in also the following	ing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	DA		Accident, suicide, or homicide? Date of Injury	
∑ (State or country)	p a		Where did Injury occur?	
17. INFORMANT BOAR	GIAN		(Specify city or town, county and S Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC I	tate)
(Address)	and mie	RE	7	
18. BURIAL, CREMATION, OR REMOVAL	7 7/		Manner of Injury	
Place Dayway M	1-64 Date	19 5 7	Nature of injury	
19. UNDERTAKER Malter	M. grow	0	24. Was disease or injury in eny way related to occupation of deceased?	w
(Address) Ways	neshore R	6	If so, specify	
7. 10 25	Osterstis	THE NEADS	(Signed)	
20. FILED	Je rowy / //	Registrar.	(Address) Harris In	, m. U.
			(and a second s	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Vedy 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

state

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93,0)
County Washington	Registration Dist. No. 3 05
Village or City Smithburg, Md.	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) ssds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME Oliver P. Fiery	If U. S. Veteran, specify WAR
(a) Residence: No. Smithburg, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	July 20, 193 7.
5a. If married, widowed, or divorced HUSBAND of Meta F. Fiery (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Dec. 4, 1856	Nast saw had elive on
7. AGE Yaars Months Days If LESS than f day,hrs ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were at ollows:
8 Trade, profession, or particular kind of work done, as SPINNER, Retired Merchant SAWYER, BOOKKEEPER, atc.	Geratra Thrombus July
kind of work done, as SPINNER, Retired Merchant. SAWYER, BOOKKEEPER, atc. Retired Merchant. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oato daceased last worked et bis occupation (month and specific property).	Autumany Edama July 2
10. Oato daceased last worked et this occupation (month end year) If. Total time (years) spant in this occupation 5	
12. BIRTHPLACE (city or town) Washington County (State or country) Md.	Other Castributory Causes of importance:
E 13. NAME William Fiery	
f4, BIRTHPLACE (city or town)———Unknown (Stata or country)	Name of operation Oata of What tast confirmed diagnosis? Was there an au'opsy?
5. MAIDEN NAME Cora Tice	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
f5. MAIDEN NAME Cora Tice 16. BIRTHPLACE (city or town) Unknown (State or country)	Accidant, suicide, or homicide? Oate of injury 0ccur?
17. INFORMANT Mrs. Meta F. Fiery	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smithburg, Md. 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Smithburg, Md. Oata July 23, 19 3	Nature of injury 4
19. UNDERTAKER Fred W. Kraiss, (Addrass) Hagerstown, Md.	24. Was disease or injury in any way related to occupation of deceasad?
20. FILEO July 23, 1937 Seath Targuson	(Signad) A A Oluler M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bakimore, Requesting V. S. No: 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	937 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. July 5, 1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Altack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis: REAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS BY PHYSICIAN
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PHYSICIANS should state

TION is very important. See instructions on back of certificate.

-WRITE PLA

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8080
1. PLACE OF DEATH	92-0
county Washington	Registration Dist. No. 302
Village or City Hage astown	No. 104 12loom Clue St. 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Plorence Frence	If U. S. Veteran, specify WAR
(a) Residence: No. 104 Bloom Deve	. St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. CDLOB OR RACEO 5. SINGLE, MARRIED, WIDOWED.	MEDICAL GERTIFICATE OF DEATH
SEX 4, COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Late Mornas Much	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 26 - 1887	Alast saw h 2 alive on Lest 17 , 1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
50 5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Hould SAWYER, BOOKKEEPER, etc.	Clerone Mysendetas
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mutal Regurgitalian
10. Date deceased last worked at this occupation (month and year)	
NA DOTO POLICE	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Pro ence
13. NAME JONES JOSANOUS 14. BIRTHPLACE (city or town) Bulling Line (State of County)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Clara Thuson	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Williams port	Accident, suicide, or homicide? Date of injury 19
State or compley)	Where did injury occur?
17. INFORMANT GULLANETH ROMEON (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece 1 2 10 20 Date 7/27, 193/	Nature of injury.
19. UNDERTAKER. This is called	24. Wes disease or injury in any way related to occupation of deceased?
(Addiess)	If so, specify
20. FILED. 19 10 Registrar.	(Signed) (Andress) / Des Journ Ull M. D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AVG 0 133	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE (OF MA	RYLAND-	CERTIFIC	CATE	OF	DEATH
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1. PLACE OF DEATH		(M3)
County VV ashingto) Maga	Registration Dist. No. 302
Village or City HOALYS	toun	No. 120 2 m. St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME amuel	Irooke Gall!	nex - If U. S. Veteran, specify WAR
(a) Residence: No. 120 Ela	(Usual place of abode)	St., Sward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 73 (Yebr) (Yebr)
5e. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
	· M 1001	
6. DATE OF BIRTH (month, day, and year) WC. 7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at
7 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade, profession, or perticular	O ormin.	were as follows:
kind of work done, as SPINNER SAWYER, BOOKKEFPER, etc	W. R. M.	
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc.	reman.	
	11. Total time (years) spent in this	
year) - 3 - wy 20-1437.	occupation 25 4 Y-V-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 00 (State or country)	sulley	
13. NAME Elias R. 50	ill? her-	
14. BIRTHPLACE (city or town) De	5 ulley	Neme of operation Date of
(State or country)	· 10	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO YOU TO THE SECOND TO SECOND	ompson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Doc G	wlley	Accident, suicide, and anticide? Date of Injury July 24, 1927
(State or country)	Wirt	Where did injury occur?
17. INFORMANT DYS. S. 13.	Jalliker:	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 1 20	Menner of injury
Place tagers town, und.	Date July 2 + , 1921.	Nature of injury
19. UNDERTAKER (). \(\sum_{\text{Co}} \sum_{\text{C}} \sum_{\text{C}} \sum_{\text{C}} \sum_{\text{C}} \sum_{\text{C}} \sum_{\text{C}} \text{C}	nau	24. Wes disease or injury in any way related to occupation of deceased?
2/1/23	6.1663-	(Signed) Co. Sodierard Reard actuar Corners
20. FILED / 19.2 / All MA	Registrar.	(Address) Tageratown, Mels

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To be complete, an occupation return must state:

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

-V. S. No. 1

Shman -

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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CI	13	0	()
0	V	0	2

1. PLACE OF DEATH	(4B) J
county Mashington	Registration Dist. No. 2502
Village or City Hagerstown	No.828 Jaleu Ave St, 5° Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEDYS Martha Susau Geis	
Gan S	6
(a) Residence: No. 5 2 8 Sch) out (H ve (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)	21. DATE OF DEATH July 16 1937. (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of John L.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) (111)	I last saw h.e. elive on July 15, 1937; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at S m?
58 \ 9. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows: Datepfonset
8. Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. 10 U.S. W. Y. 2. 9. Industry or business in which	Carcinoma - evry Uge fry 193
kind of work done, as SPINNER. Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et bis occupation (month and this companion) in this companion (month and this companion).	
this occupation (month and and a spent in this occupation occupation occupation)	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Middle Durg	
(State or country)	
13. NAME Daniell. Barer 14. BIRTHPLACE (city or town) Philadelphia	
14. BIRTHPLACE (city or town) 1. h. la del an a (State or country)	Name of operation Dete of
	What test confirmed diagnosis?
E E	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Jahra L. Geist	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Haally Stoum ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place TIL 9 CY SIOWN WO Data July 94 , 19.5 1	Neture of injury
19. UNDERTAKER A. I. COS man	24. Was disaasa or injury in any way ralatan to occupation of deceasad?
(Address) Hagerstown, Jud	If so, specify fully the Stunden 11
20. FILED 7-17-, 1937 Mas #130000 eray	(digited)
Registrar,	(Address)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis WILLEAU V. S.	1915	Attack of chilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis AIC 8 1937	3 days ago	
		BURFALLY S.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	(191)
County Tashing for	Registration Dist. No. 300
Village or City Blearths burg	No. St. Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(On- 1) (1)	nos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME (USCA)	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COKOR OR RACE 5. SINGLE, MARRIED, WIDOW	
males this OR DIVORCED (wigie the wo	July 14, 1937
a. If married, widewed or diversed	(Month) (Day) (Year)
HUSBAND of Querinds H Slift	July I HEREBY CERTIFY. That I attended deceased from
20 10/1/0	9.60 /
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS t	l last say h alive on 193 4; death is said
AGE Years Months Days If LESS t	
Trade, profession, or particular	n. were as follows: Date of onset
kind of work done, as SPINNER, Carpender	7/2/2 17/2/2
9. Industry or business in which	Phonix & home frankets
work was done, as SILK MILL, SAW MILL, BANK, etc	(1)
Shell till till?	
year)occupation	Dther Coatributory Causes of importance:
2. BIRTHPLACE (city or town)	A A PARA A PORT
(State or country)	- alone Gilalaron of French. 7/14/
14. BIRTHPLACE (city or town). Authorized Inc	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
13. MATOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
has Friends H. H.	Where did injury occur? (Specify city or town, county and State)
(Address) SharkArung Ind II	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REJOVAL	Manner of injury
Place Sharps burg Date Fuly 17, 19	Nature of injury
193 L	1 0
O. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Mrs ad May B	iso, specify and with the state of the state
D. FILED. 190 Registr.	dr. (Address) Sharpshire, ma.
	gistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

mation should be carefully supplied.

-WRITE PLAINEY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis (ED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	
The season of th				

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8084
County Cashington	Registration Dist. No. 30 2
Village or City Juages Hown (If Length of residence In city or town where death occurred 4, 5, yrsmos	No. 45 E Authority St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Bettie Kriging Hall	ach If U. S. Veteran, specify WAR
(a) Residence: No. 4 9 6 Cuttillion (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 25 (Pay) (Year)
HUSBAND of Cor) WIFE of Saul 7 Kallach	22. I HEREBY CERTIFY That I attended deceased from July 24, 1937, to July 21, 1932
6. DATE OF BIRTH (month, day, and year) Que \$ 1871	Clast saw h elive on ly 24, 19.3. 7, death is seld
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 5.5.0. Qm.
65 11 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Charles of the later
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	Conternation of the
O 10. Date deceased last worked at this occupation (month end year) this occupation coupation occupation this	
12. BIRTHPLACE (city or town) Nageratown	Other Coatributory Causes of Importance:
(State or country)	Charles of Barbara
14. BIRTHPLACE (city or town) Wash Co.	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) Laltwork	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
E (State or country)	100 0011

17. INFORMAN (Address) 18. BURIAL CREMATION, OR

(State or country

19. UNDERTAKER (Address)

Registrar.

Nature of injury 24. Was disease or injury In any way related to occupation of deceased?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage HLCEIVED	July 5,1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

important.

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S. No.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
- spirif		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

nfor- state JPA-	1. PLACE
of i	County
should of OCC	Village or
NS s	Length of r
very AN nent	2. FULL N
J. E	(a) Resid
HYS	
REC. Pl	PERSC
LY. Ex.	Male
SEKVED FOR BINDING INK—THIS IS A PERMANENT REC should be stated EXACTLY. P it may be properly classified. Exac on back of certificate.	5a. If married, wid HUSBAND of (or) WIFE of
PERN FX Fy cla	6. DATE OF BIRT 7. AGE
FOR IS A I stated proper	74
IIS IS be st pe pr of cer	8. Trede, prokind o
IAKGIN KESEKVED UNFADING INK—THIS upplied. AGE should be terms, so that it may be instructions on back of	Industry of work
IN KESEKVF DING INK—TI AGE should so that it may uctions on back	Date dece this of yeer)
NG AG AG ions	
ADI d. d. s, so	12. BIRTHPLACE (Stete or c
NF. NF. nst. nst.	13. NAME
TAKGIN KE, ITH UNFADING I III Supplied. AGE plain terms, so that See instructions	13. NAME 14. BIRTHPLA (Stete
virty virty vully vully tr	15. MAIDEN
CY, V caref TH in	16. BIRTHPLA
-WRITE PLACEY, WIT mation should be carefull CAUSE OF DEATH in pl	17. INFORMANT
PL hould OF D	(Address) 18. BURIAL, CREM
ITE on s SE \ is	Plece_Q
B.—WRITE PI mation show CAUSE OF TION is ver	19. UNDERTAKER (Addiess)
B. B.	20 EUED 7-

1. PLACE OF DEATH	LAND	CERTIFICATE OF D	
County Washington		Registra	ation Dist. No. 302
Village or City Maugansville, I	(16	No.	St., Ward
2. FULL NAME Abram Hege (a) Residence: No. Maugansville,	Md.	St., Ward.	Rsident give city or lown and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRING OR DEPORTED OR DEPO	RIED, WIDOWED, (write the word)	21. DATE OF DEATH July	1, 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Hege	1069	22. I HEREBY CERT	TIFY, That i attended deceased from
6. DATE OF BIRTH (month, dey, and year) Aug. 18, 7. AGE Years Months Deys 10 13	If LESS then 1 day,hrs. ormin.	to heve occurred on the dete steted above, at. The PRINCIPAL CAUSE OF DEATH end related were as follows:	
NOTE Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc Farmer Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yeer) occu	me (yeers) t in this petion	Brehal Goewonk	sfe ?
12. BIRTHPLACE (city or town) Marion (Stete or country) Pa.		Other Contributory Causes of importence:	
13. NAME Henry B. Hege			
13. NAME Henry B. Hege 14. BIRTHPLACE (city or town) Franklin Coun (Stete or country) Pa.	nty	Neme of operation	1/
15. MAIDEN NAME Susan Lesher 16. BIRTHPLACE (city or town) Franklin Coll (State or country) Pa. 17. INFORMANT Miss Mary E. Hege (Address) Maugansville, Md. 18. BURIAL, CREMATION, OR REMOVAL Plece Cearfoss, Md. Dete July		23. If death was due to external ceuses (VIOLEN Accident, suicide, or homicide?	NCE) fill In elso the following: Dete of injury, 19
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerston, Id.	sever V,	24. Wes disease or injury in eny way releted to If so, specify (Signed) (Address) (Address)	occupetion of deceesed? Its M.

V. S. No. 1

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Chronic interstitial nephritis- CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
County (2) ashington	Registration Dist. No. 307
Village or City Sandy 2400 P	NoSt.,Ward
Length of residence in city or town where death occurred 50 yrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (lya / rama / tot	den If U.S. Veteran specify WAR
(a) Residence: No. (Saud place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED fwrite the wold)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lanel E. Holder	22. I HEREBY CERTIFY, That I attended deceased from 19.37 to Only 15.19.3.2
6. DATE OF BIRTH (month, day, and year) July 29. 1868	I last saw half alive on Staling 0,5, 1937; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 2 15 pm.
68 // /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Caronary Delivers about
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	-
O 10. Date deceased last worked at this occupation (month and 937 spent in this occupation constant of this occupation.	
12. BIRTHPLACE (city or town) Jashington Cs., Md.	Other Cuutributury Causes of Importance:
(State or country)	
13. NAME to	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret (liss)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs. Late Holder (Address) Sandy Hook Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trownsville Md. Date 114 / 5 193/	Nature of injury
19. UNDERTAKER A COUNTY WITH THE CANADA WITH THE COUNTY WITH T	24. Was disease or injury in any way related to occupation of deceased?
20, FILED July 16th, 1931 Cornelius N. Castle.	(Signed) & O JUhrsen M. D (Address) Quiper Fury W VA
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		I

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos,_____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) HEREBY CERTIFY, That I ettended deceased from The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence Date of onset 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?______ Dete of Injury______, 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Was disease or injury in eny way releted to occupetion of deceesed?

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.

(Address)

Registrar.

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11	Example II	-
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
Description of the last of the		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		•
	1915 1921 July 5, 1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Date of

302

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		159	
		150	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Cy Me Co
\$\frac{1}{2}\frac{1}{2

B.—WRITE PLA

V. S. No. 1

D. Every item of infor-

Exact statement of OCCUPA-

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		82-0/	
County Washing	Ton	Registration Dis	st. No. 30 Z.
Village or City Hage	stown	No. 468 E- Frankle death occurred in a horpital or institution, give its NAME in	St., Ward
Length of residence In city or town where	110	death occurred in a hospital of institution, give its (AAVIE in	
2. FULL NAME Lewy	R Jone	If U. S. Veteran, specify WAR	
(a) Residence: No. 408 E	(Usual place of abode)	St., # Ward.	e city or town and State
PERSONAL AND STATIST	The state of the s	MEDICAL CERTIFICATE C	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of			(33)
(or) WHELD Ruth		22. JIHEREBY CERTIFY	That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	May 29-1888		19.37; death Is said
7. AGE Years Months	Days II LESS than	to have occurred on the data stated above, at	k.m.
49 1	3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	of Importanca Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER.	Welder	Hf-1	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which	all american	Toopfert y	July H
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	ement 60	Hearible 919	6/
O 10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this		
year)	occupation	Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	24 June		
13. NAME Dt. audie	v L. Jones		
14. BIRTHPLACE (city or town)	e contour	Name of operation	Date of
(State or country)	md.	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Marga	et semle	23. If death was due to external causes (VIOLENCE) fill le	n also the following:
0 16. BIRTHPLACE (city or town)	igerstown	Accident, suicida, or homicide? Da	te of Injury, 19
E (State or country)	md.	Where did injury occur?(Specify city or to	wn, county and State)
17. INFORMANT MARKET AND A COLOR	the Hones.	Specify whather injury occurred in INDUSTRY, in HOME	E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7/	Mannar of Injury	
Placa Turkstain	Date / 7 19.31	Nature of injury	
19. UNDERTAKER &- M	futer thous	24. Was disaase or injury In any way ralated to occupati	on of deceased?
(Addrass) Hage	storm mo	If so, specify	1100
20. FILED / -6-, 195/10	mast towers	(Signad)	M. D.
, , , , , , , , , , , , , , , , , , , ,	Paristra	(Eddree)	The second second

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE STREET

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

8091

1. PLACE OF DEATH			Jo224
County Washington	Appresion a		Registration Dist. No. 302
Village or City Hagers	town		No. Washington County Hospital 3 Ward
Langth of rasidanca in city or town where	daath occurrad		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. It of foreign birth? yrs
	ter H.I		If U. S. Veteran, specify WAR
(a) Residence: No. Hagers			
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Marri	RIED, WIDOWED, (write the word) ed	July 26, 193 7
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Lillian I	aury		22. HEREBY CERTIFY That lattanded deceased trom 19.37, to July 26, 19.37
6. DATE OF BIRTH (month, day, and year)	arch 1,	1872	I last saw h. wil aliva on July 26, 1937; death is said
7. AGE Years Months 65	Days 25	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 1 1 4 0 PM The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Retired		Broncho Pneumonia 7/8/3-
work was done, as SILK MILL, SAW MILL, BANK, etc	1		- Committee of the Comm
10. Date dacaasad last worked at this occupation (month and year)		ma (years) It in this pation	
12. BIRTHPLACE (city or town) North (State or country)			Dthar Caatributary Causes of Importanca:
🖺 13. NAME John H. Lau	ry		
	th Hampt Pa.	on Count	
置 15. MAIDEN NAME Catherin	e Fry		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catherin 16. BIRTHPLACE (city or town)	ermany		Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. Lillia.	n Laury	*	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placa Carlisle, Pa.	Date July	30,1937	Manner of Injury
19. UNDERTAKER Fred W. Kr (Address) Hagerstown	Md.		24. Was disaasa or injury In any way ralated to occupation of decaased? If so, spacity (Signed) OHBurkley M. D.
20. FILED 7 - 2 7 - , 19 3 7 - (nuer, voc	Registrar,	(Address) Ita aerstown mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car Allo & 700-	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1931	3 days ago
		BURFAU V. S.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

certificate.

See instructions on back of

V. S. No. 1

1. PLACE OF	DEATH Washington			Registration Dist. No. 3	02
Village or Ci	ty Hagersto	wn	(16	No. Washington County Hospistal death occurred in a hospital or institution, give its NAME instead of street and n	Ward (wind)
				ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FULL NAM	ME Samuel	Elmer	Lindsay	If U. S. Veteran, specify WAR	
(a) Resident	ce: No. 1921 Vi	rginia (Usual place		St., Ward. If nonresident give city or town and	State
	AL AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White	s. Single, MAR or divorce Marr	RIED, WIDOWED, D (write tha word) 100	July 23, (Month) (Day)	, 193 7 (Year)
5a. If married, widowa HUSBANO of (or) WIFE of	d, or divorced Laura May	Lindsa	У	22. / I HEREBY CERTIFY, Thet I attended of	deceesed from
	month, day, and year) Se	pt. 27,		I last saw h alive on July 2 3, 1937	; death is said
7. AGE Yaar	Months 9	26	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, all:00Pm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	Oate of onset
kind of w SAWYER, 9. Industry or b work was SAW MILI 10- Date decase this occup	sion, or perticular ork done, as SPINNER, R BOOKKEEPER, etc	11. Total t	Merchant Ima (years) nt in this upation	Cause not determined probaby	July 22
12. BIRTHPLACE (city (State or count		un		Other Contributory Causes of importance:	
13. NAME SE	amuel W. Li	ndsay			
14. BIRTHPLACE	(city or town) Wash	ington	County	Name of operation Date of	
15. MAIDEN NAN	Frances G	oodrich		What test confirmed diagnosis? Wes there en e	
I	(city or town) Wash		County	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	, 19
	Fred W. Kra Hagerstown.			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATI			y 26 ₁ 37	Menner of injury	
(Address) I	Fred W. Kra		1 Por 10 M	24. Was disaase or injury In any way related to occupation of decaasad?	M. O.
20. FILED	193 767	any 10	Registrar.	(Addrass) Ha qualaun)	ng

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related of importance were as follows.	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Aug 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	remer plant of a last	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH,	<u> </u>
County Washington	Registration Dist. No. 302
Village or City Naghistown	No. 546 M Mulling St., 4 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 4 Jyrs.	os. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Larry At B. Mart	If U. S. Veteran, specify WAR
(a) Residence: No. 5-4-6 M Mulhary	St. 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of	(1037)
(or) WIFE of Savid C. Martin	Dev. 6 HEREBY CERTIFY. That I attended deceased from 1927, to July 13, 1937
6. DATE OF BIRTH (month, dey, and year) Jan - 185	I last saw h_ev_ alive on_ July (2), 137; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2 4m.
78 6 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done as SPINNER	Cotte Remission 1927
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nutral kushiffromy 1935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	aleron plans 1927.
10. Date deceased last worked at 11. Total time (years)	Chiame Sul Nephrut 1935
this occupation (month and spent in this occupation year)	Urlina " 3day
12. BIRTHPLACE (city or town) Sharfshire (State or country)	Other Contributory Causes of importance:
E / // //	Name of assession Prope
4. BIRTHPLACE (city or town) 14. Graph (State or country)	Name of operation Date of What test confirmed diegnosis? Date of What test confirmed diegnosis?
IS. MAIDEN NAME Harriet S. Kriher	23. If death was due to external causes (VIOLENCE) fili in also the following:
15. MAIDEN NAME HANGE STATE STATE OF COUNTRY	Accident, suicide, or homicide?
∑ (Stete or country) ma	Where did injury occur?
17. INFORMANT AM Jack Byers (Address) Hage form Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Raguation Date July 15, 193	Manner of Injury
19. UNDERTAKER SCATT TO Murrich Ist	24. Was disease or injury In any way related to occupation of deceased? XXX
20. FILED 7-14-, 1937 PHOSH-Bowes Registrar.	(Signed) W. Nova oyerge M. D. (Address) / Tage flow, M. D.
	17, 2011 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example IV E		Example II	
The principal cause of death and related causes of importance were as follows: UG 6 1937 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis HINFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING

D. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC TION is very important. See instructions on back of certificate.

mation should be carefully supplied. WITH -WRITE PLA V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
nic 1 T	73.6
County Washington	Registration Dist. No. 302.
Village or City of a genslown (If	death occurred in a horpited or institution, give its NAME Instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Patricia ann Ma	artirit U. S. Veteran, specify WAR
(a) Residence: No. 925 6 orbett (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY That I attended deceased from Serve 25 ,1937, to seely 8 ,1937.
6. DATE OF BIRTH (month, dey, and yeer) July 67-1935	I last sew hele alive on July 8 , 1937; death is said
7. AGE Yeers Months Days If LESS then 1 devhrs.	to heve occurred on the dete steted above, et. 12.0.m.
/ H 9 1 dey,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bacillary Dysentary July 7,133
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and spent in this	
O 10. Date deceased lest worked et 11. Total time (years) spent in this year) ccupation ccupation	
12. BIRTHPLACE (city or town) Hageistgwn	Other Contributory Causes of importance:
(State or country)	
13. NAME 6 lyde Martin	7/
(State or country)	What test confirmed diegnosis? Clean Extraction West there en eulopsy?
	What test confirmed diegnosis? We We there en eulopsy? 4.2. 23. If death wes due to external causes (VIOL ENCE) fill in also the following:
I I	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT blyde Hartin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Hagerstown Date // 1937	Nature of injury
19. UNDERTAKER C. M. Suiter Louis	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Hagerdown, ma	If so, specify Orbert Coranal M.D.
20. FILED 7 - 10 -, 1937 Musy Jowes	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	BECHIEF	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1007	July 5,1927	Peritonitis	3 days ago
	AUG P 1501			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County (

Registration Dist. No. 3 0 4

Village or City_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

Length of residence in city or town whara deeth occurred ...

mos. ____ds. How long In U.S. If of foreign birth? _____yrs. ____mos. ____ds.

Davs

If conresident give city or town and State

CERTLEY. That i attended deceased from

PERSONAL AND STATISTICAL PARTICULARS 3. SEX

OCCI

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7. AGE

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PHYSICIANS

item

D.

BINDING

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)

(Usual place of abode)

21. DATE OF

5a. If merried, widowed, or divorced HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Yaers

If LESS than

1 dev.____hrs.

ormin.

The PRINCIPAL CAUSE OF DEATH and related causes of importence

Date of onset

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which

work was done, as SILK MILL, SAW MILL, BANK, etc.....

year)

10. Date decaased lest worked at this occupation (month and

Months

D

11. Total tima (years) spent in this occupation ___

Other Contributary Causes of Importance:

23. If death was dua to external causes (VIOLENCE) fill in also the following:

What test confirmed diagnosis? Was there an autopsy?

13. NAME

14. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

12. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town

Where did Injury occur?_____

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Neture of Injury

If so, specify

24. Was disease or injury in any way related to occupation of dacaased?_____

(Address)

carefully MOTHER important. OF DEATH (Stata or country) pe

17. INFORMANT (Addrass)

18. BURIAL, CREMATION, OR REMOVAL Date Date

19. UNDERTAKE

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

ARGIN RESERVED WRITE

V. S. No. 1

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Arteriosclerosis	HE CE	1915	Attack of epilepsy	1 week ago
Chronic interstitial mep.		1921	Run over by street car	1 week ago
Cerebral hemorrhage	400 D 1001	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	1		
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ...

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The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Every item of infor-

D.

PHYSICIANS should state Exact statement A PERMANENT RE EXACTLY. classified. ARGIN RESERVED FOR BINDING properly should so that it may supplied. CAUSE OF DEATH in plain terms, mation should be carefully

certificate.

jo back

See instructions on

TION is very important.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

-WRITE PL

B ż

V. S. No. 1

STATE OF MARVI AND	CERTIFICATE OF DEATH	97
1. PLACE OF DEATH.	CERTIFICATE OF BEATTI	
	73-0	
County County	Registration Dist. No. 30	
Village or City Carles Constant	No. 252 S. Potomac St., 3	War
	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?	
2. FULL NAME Shorthan whiled (a) Residence: No. 262 5. Potomus (Usual place of abode)	St., 3 Ward. If u. s. Veteran, specify WAR St., 3 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winic the word)	21. DATE OF DEATH 17 (Month) (Day)	3.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Was. The Married Wife of Wif	22. I HEREBY CERTIFY, That I attended dece June 25, 19 57 to July 17 I last saw h 1994 alive on July 17, 19 37; de	eased from
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at	
77 1 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade profession or particular	were as follows:	ate of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wile Timeion	2
9. Industry or business in which work was done, as SILK MILL,	Mysearlikely.	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	myscardial Failure	1/15/
12. BIRTHPLACE (city or town) tokeland (State or country)	Other Contributory Canses of Importance:	
13. NAME Darrett Vanette, moon		
13. NAME Daviett Vanite moou 14. BIRTHPLACE (city or town) Morganitorm (State or country)	Name of operation Date of	
15. MAIDEN NAME 16. BIRTHPLACE (city ortown) (State or country) 15. MAIDEN NAME (State or country)	What test confirmed diagnosis?	
	(Specify city or town, county and State)	

Manner of injury Nature of Injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

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Example I	71	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors cover of importance		Other contributors course of immediate	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			- goar

V. S. No. 1

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	----------	----	-------

1	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	8098
1	1. PLACE OF DEATH			82-2	
	County Washington			Registration Dist. No. 6	302
	Village or City Hage rst	own		No. 127 High Street	5 Ward
15			3O (If	death occurred in a hourstal or institution, give its NAME instead of street	and number)
	Length of residenca In city or town whare d	aath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
	2. FULL NAME Oscar G	. Morga	n	If U. S. Veteran, specify WAR	
	(a) Residence: No. 127 Hig			St., S Ward.	
20000		(Usual place		If nonresident give city or low	
_	PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3.	Male 4. COLOR OR RACE White	or divorce	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH July 28, (Month) (Oay)	, 193. 7 (Year)
5a.	. If married, widowad, or divorcad HUSBANO of				
	(or) WIFE of Lula Morg	an		22. I HEREBY CERTIFY, that I atte	nded deceased from
	00	tohen 3	31, 1881	7/7, 1937, to 1/28	, 19 <i>1</i> /-
	DATE OF BIRTH (MONCH, day, and year)				.3./.; death is said
7.	AGE Years Months 55 8	Days 28	If LESS than 1 day,hrs.	to have occurred on the date steted above, at 3:00 PM The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
		20	ormin.	ware as follows.	Oata of onset
N	8. Trade, profession, or perticuler kind of work done, as SPINNER,	Retired	1	Constrat Homentage	7/7/2
OCCUPATION	SAWYER, BOOKKEEPER, etc	TIE OT LEC	4		
JPA	work was done, as SILK MILL, SAW MILL, BANK, atc	R. Wat	chman		
S	10. Date deceased last worked at		tima (years)		
0	this occupetion (month and year)	SDE	ent In this upation		
	Washin			Other Contributory Causes of Importance:	
12	(State or country)	gton Co	uncy	-	
<u>~</u>	13. NAME Andrew Morg	a n			
FATHER	THE 2 1		lannter	V	
FAT	The bound and the control of the control	ngton (ounty	Name of operation NAV-1 Oate	of
_	15. MAIOEN NAME Martha Ro			Whet test confirmed diagnosis? CAMUS Was ther	a an autopsy! LV_
MOTHER				23. If death was dua to extarnal ceuses (VIOLENCE) fill in also the foll	-
TO	16. BIRTHPLACE (city or town) Washi	ngton (County	Accidant, suicide, or homicide? Dete of Injury	, 19
_		Md.		Where did injury occur? (Specify city or town, county an	d State)
17. INFORMANT Mrs. Lula Morgan				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
	(Address) Hagerstown,	Md.			*
18	B. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md	: T1173	7 31 37	Manner of Injury	
	Place nagers town, mu	• Data JULL)	U±3,19U(Nature of Injury	
10	UNDERTAKER Fred W. Kra	iss,		24. Was disease or injury in any way related to occupation of decease	d? MU
13	(Address) Hagerstown	Md.		If so, specify	
	FILED 7-29- 1937	usto	Loevers.	(Signed)	L. D / M. D
20	D. FILEU-4, 19-4-4		Registrar.	(Address)/7 Mlata Haging	4/14

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

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Chronic interstitial nephritis AllG 8 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ould OCCL	County Mashing Im	Registration Dist. No. 303	3
shour of O	Village Dr City Bey	St.,	Ward
NS NS int o	Length of residence in my or town where death occurredyrsmos.	death scurred in a hospital or institution, give its NAME instead of street and number death of the land in the la	
Eve	2. FULL NAME /// ary our afrill	In Osaveran, specify WAR	
RD. IYSI stat	(a) Residence: No. / leaf (Upal place of abode)	St., Ward. If nonresident give city or town and State	
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
E A	1. COLOR ON RACE S. SINGLE, MILYRIED, WIDOVED, OR DIVORCED (write the flord)	21. DATE OF DEATH (Month) (Day) (Day)	(Year)
MANEN A C T I assified	5a. If married, widowed of divorced HUSBAND of Cory WIFE of Julian Co May.	22. I HEREBY CERTIFY, That I attended decea	sed from
EX EX cl	6. DATE OF BIRTH (month, day, and yo) May 14 . 1856	I last saw h	ath is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance	
IS sta pro cert	8. Trade, profession, or particular	wars as follows:	te of onset
HIS be be of	kind of work done, as SPINNE Jourses Ceptus	11/1001	
K—T hould t may back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Mulial Stenoses	
IN ES S	10. Date deceased last worked et this occupation (month end year) spent in this occupation occupation		
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) I hashing for 6 9nd	Other Contributor Canses of importance;	-10 ~3
NFA plied rms, nstru	(State or county) - 13. NAME Shuff Pulluster.		
H UN) r suppl ain terr See ins	13. NAME Shuffer. 14. BIRTYPLACE (city or town) Yelaux	Neme of operation Dete of Dete	. Ni
rully n pla	15. MAIDEN NAME Sally Gum Destro	23. If death wes due to externel courses (VIOL ENCE) fill in elso the following:	Syl-11-41
INLY, WI be careful EATH in p	15. MAIDEN NAME Oally and July 16. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide?	, 19
	17. INFORMANT Charles, a Disploy.	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
S PLA Should OF D	(Address) (Control of Park 1101), OR REMOVAL	Manner of injury	
	producto of The Dete / 10 193	Nature of injury	
-WRITH mation s CAUSE TION is	19. UNDERTAKER I PEUL CIUS	24. Was disease or Injury in any wey related to occupation of deceased?	
B	(Address) Aurence 5 mg	If so, specify	
z I	20. FILED. 1/14, 19 19 19 Jeway	(Signed)	7. M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	lı lı	Example II	
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Chronic interstitial nephriles - CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

-WRITE PLA

V. S. No. 1 B

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		95-6)	
County Washington	4.5	Registration Dist. No.	302
Village or City Hagersto	wn	No. 247 E. Howard Street St., death occurred in a horpital or institution, give its NAME instead of street at ds. How long in U.S. if of foreign birth?yrs.	
Length of residence in city or town where de	ath occurred & O_yrs,mos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME Peter (a) Residence: No. 247 Ea		t. St. 3 Ward.	
(-)	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
8. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) arried	21. DATE OF DEATH July 9, (Month) (Day)	, 19337_ (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary Mye	rs	22. I HEREBY CERTIFY. That I attend	
5. DATE OF BIRTH (month, day, and year) Fe 7. AGE Years Months 72 78 4	Days 18 59 16 LESS than 1 day,hrs. ormin.	I last saw h elive on , 19 to have occurred on the date stated above, at 5:15Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death Is said
R. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Laborer	Cerebral Entrelesm	6.20.
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spant in this occupation	Other Contributory Causes of importence:	
(State or country) 13. NAME Peter Management	yers,	Hyphusu land	1930
I4. BIRTHPLACE (city or town)	As Va	Name of operation Date of What test confirmed diagnosis? Was there of	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	a cofingere	Accident, suicide, or homicide?	, 19
17. INFORMANT Mrs. Mary M (Address) Hagerstow 18. BURIAL, CREMATION, OR REMOVAL	yers. n, Md.	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
PlaceHagerstown, M	dnete July 12,1937	Manner of injury	
19. UNDERTAKER Fred W. Kr. (Addiess) Hagerstown		24. Was disease or injury in any wey related to occupation of deceased? If so, specify	
20. FILEO 7- 10- 19 3 7 M	Mast Beve Registrar.	(Signed) (Address)	Mind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of of importance were as-	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AGG () 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.	3			
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B state

item of infor-

1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH
County Was	hington	elizite.		Registration Dist. N
Village or City	Hagersto	Wn		No. 703 Oak Hill Avenue death occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?
(a) Residence: No.		Pasher K Hill (Usual place	Avenue	St., S Ward. If U. S. Veteran, specify WAR. If nonresident give cit
PERSONAL AI	ND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF
Female _W	or or RACE		RRIED, WIDOWED, ED (write the word) ied	21. DATE OF DEATH
5a. If married, widowed, or div HUSBAND of		n		22. I HEREBY CERTIFY Th
6. DATE OF BIRTH (month, d	av and year) [m]	known	1872	1 last saw h. & alive on Que 1 3
7. AGE Years 65	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date state above, at
kind of work done SAWYER, BDDKK 9. Industry or business work was done, as SAW MILL, BANK 10. Date deceased last w this occupation (m year)	SILK MILL, etc orked at onth and	II. Total	time (years) nt in this upation	
12. BIRTHPLACE (city or town (State or country)	Unkı Russ	nown		Other Contributory Causes of Importence:
当 13. NAME Jos		320		Nymora
14. BIRTHPLACE (city or (State or country)		ssia		Neme of operation
15. MAIDEN NAME	Reba .			23. If death was due to externel causes (VIOL ENCE) fill in ets
16. BIRTHPLACE (city or (State or country)	own)Rus	ssia		Accident, sulcide, or homicide?
17. INFORMANT Mr (Address) Hag	s. Ruben			(Specify city or town, Specify whether Injury occurred in INDUSTRY, in HOME, or
18. BURIAL, CREMATION, OR Place Half W	REMOVAL		7 14, 1937	Menner of Injury
	d W. Kra: erstown,			24. Wes diseese or injury in any way related to occupation of
20 EUED 7-14-	1037/2	Teash	Bower	(Signed) Miller X VIII

(BKC)	7	4 7
	tion Dist. No. 50	24
No. 703 Oak Hill Av	renue st., c	5 Ward
leath occurred in a hospital or institution, give its N		
ds. How long in U.S. if of foreign birth		osds.
If U. S. Veteran, specify WAI	}	•••••
St., 9 Ward.	ident give city or town and	State
MEDICAL CERTIFICA	ATE OF DEATH	
21. DATE OF DEATH	210	
July	/3	, 193
(Month)	(Day)	(Yeer)
22. O I HEREBY CERT	IFY that attended	deceased from
June 21, 19 2/, to	2 / 12 / 2	, 19.3
to have occurred on the date stated above, at	8/00 19.5	, death is said
The PRINCIPAL CAUSE OF DEATH and releted	causes of Importance	
were as follows:		Date of onest
Cerebral Hemo	1.00	fr. 224
C-porting 1	rage	100
	,	
Other Contributory Causes of Importence:		-
Other County Causes of Importance:		190
Ar 18ter sen -		
//		
Neme of operation	Pote of	
What test confirmed diagnosis?		
23. If death was due to externel causes (VIOL EN		
Accident, sulcide, or homicide?		
Where did injury occur?	vato or injury	, 17
(Specify of Specify whether Injury occurred in INDUSTRY,	ity or town, county and Stat	e) ACF
Menner of Injury		
Nature of injury		
24. Wes diseese or injury in any way related to	//	
If so, specify	throl	
(Signed) Muley	VI Feller	M. D.
(Address)	280mm /1	d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF N	MARYLAND-	-CERTIFICATE	OF	DEATH
------------	-----------	--------------	----	-------

8102

1. PLACE OF DEATH	9.5
county Washington	Registration Dist. No. 302
Village or City Hayerstow -	No. 146 no Locust. St. 4 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	_mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME MYS Catherine Tent	If U. S. Veteran, specify WAR
(a) Residence: No. 146 No hocust (Usual place of abode)	St., H Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Fernale White William -	1000 700 193
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
George H.	July 202, 193/ to July 28, 193/
6. DATE OF BIRTH (month, day, and year Oct 14 1850	I last saw h salve on
7. AGE Years Months Deys If LESS th.	
86 9 14. Iday,	war as follows:
8 Trade profession or particular	Date of onaet
kind of work done, as SPINNER, Housew. Sew.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and months and mon	Obrone mucerdites :
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- I sheat the share the sh	
year) year occupation () 41	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) D: 1/s bu x 9	
(State or country) —a.	- Cerebral adoptern 1936
13. NAME) SQUE PTOSSEY.	
14. BIRTHPLACE (city or town) 12: 1/3 burg	Neme of operation
(State or country)	What test confirmed diagnosis? Lalinceal Was there an autopsy? No
# 15. MAIDEN NAMER Q x garet Adioks	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) 1 11. S. burg (State or country)	Where did injury occur?
M. F TT W.C.	(Specify city or town, county and State)
(Address) Hangy Strains	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Och anissburg Tapate July 30 19	Nature of injury
25.00	
19. UNDERTAKER (K. COS) man	24. Was disease or injury in any way related to occupation of occeased?
(Address) Hagerstown, Ind	If so, specify
20, FILED. 7-29-, 1937 Mast Would	(Signed) M. D.
Registra	r. (Address) Nagerston Mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
nukekt f. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

B

1. PLACE OF DEATH	——————————————————————————————————————
County Washiroton	Registration Dist. No. 302
Village or City Hodenstown	No. 210 fairgrown St. 4 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lawra, U. Pryor	sgs. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. 210 Targeon & Fre. (Unal place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21 (Month) (Dey) (Year)
5a. If married, widowed of divorced	
(or) WIFE of Teorge Tryon	22. THEREBY CERTIFY. The t attended decessed from
6. DATE OF BIRTH (month, day, end yeer) Let 3 1 1855	lest saw h 970 elive on July 23. 01937 death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, a
8081 8 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
O I rade, profession, or particular kind of work done, as SPINNER, kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation (month and this prognetion (month	hanne managed to And
work was done, es SILK MILL, SAW MILL, BANK, etc	- The capital han
10. Dete decessed lest worked at this occupation (month end yeer) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) COA Zin mal	Other Contributory Causes of importence:
(State or country)	Chymic Nephritis Jam
13. NAME Charles Horbargh	
13. NAME Charles Horbar wh	Name of operation.
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME SUSAN Harbargh. 16. BIRTHPLACE (city or town)	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Mrs Cha B.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Green Hell apreto pate 7/29, 1937	Neture of injury
19. UNDERTAKER Halter of Greek	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hay nesleys stay	If so, specify
20. FILED 7-27- 1937 (Mastildowers)	(Signed) , D
Registrar.	(Address) - HOUM AN LAND / HO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street part.	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		AUG 8 1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. _ If U. S. Veteran, specify WAR_ MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Other Contributory Causes of importance: 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Dale of Injury______ 19_ Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Manner of injury Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

4 au man

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AJG 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
~~			

STATE OF MARYLAND	CERTIFICATE OF DEATH 8105
1. PLACE OF DEATH	(82-%)
county Washington	Registration Dist. No. 302
Village or City La yex stown.	No. 519 No Mul be xxy St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
· Langth of residence In city or town where death occurred 27 _yrsmos	ds. How long in U.S. if of foreign birth?
(P) (R)	man If U. S. Veteran, specify WAR
(a) Residence: No. 519. No. Much exx	St. 24 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What A CATARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
Sa, If marriad, widowad, or divorcad	
HUSBAND OF BESSIE W.	22. I HEREBY CERTIFY, That I attended deceased from
1.0.1	1921, 10 Aug 27, 193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 co. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada, profession, or particular	were as follows:
Rind of work done, as SPINNER, A. R.	Sharm ald
kind of work done, as SPINNER,	
SAW MILL, BANK, etc.	de la company de
10. Date deceased last worked at this occupation (month and year) - 14. Total time (years) spent in this occupation - 14.	tepli came
12. BIRTHPLACE (city or town) 1 Can Sield	Other Contributory Causes of importance:
(State or country)	Peroposell
13. NAME Jerrge R: galeman	To a second
14. BIRTHPLACE (city or town) Mt Ruds	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie Lindsay 16. BIRTHPLACE (city or town) Lex 1: 1.5	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Clax 1; 1 &	Accident, suicide, or homicida? Data of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs George Riggleman (Address) Hager Stown Mil	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Maylx stown Med Date July 27 , 1937	Nature of injury
19. UNDERTAKER A. K. COSS-man	24. Was disease or injury in any way related to occupation of daceased?
(Addrass) Hagerstown. Jud.	If so, specify
20 FILED 1- 27-, 1932 SMast 12 owers	(Signad) M. D
Registrar.	(Address) / La La Chica /21

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8106
1. PLACE OF DEATH	82-4
County Washington	Registration Dist. No. 302
Village or City A acceptour	No6618. Potomac St., 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where death occurred 20 yrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Colores Rouis Ro	If U. S. Veteran, specify WAR
(a) Residence: No. 667 S. Potomae	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).	21. DATE OF DEATH
Temere while married	(Monyh) (Oay) (Year)
5a. If married, widowed, or divorced HUSPAND of	
(or) WIFE of Hohm.	22. HEREBY CERTIFY That I attended decassed from
1. 1H 18HH	lest saw h. & elive on Explay 4 - 19 / deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above at la - Can
60 0 18 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of importence
1 VIINIII	wara as follows: Date of onset
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Mullipaga
9. Industry or business in which	
work was done, as SILK MILL, Sun Nome	
10. Date deceased last workad at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town) Harpen Farry	Other Coatributory Causes of importance:
(Stata or country) W. V.	
E 13. NAME Acernes Laure	13
14. BIRTHPLACE (city of town) Harph Ferry	Neme of operation Oete of
(Stata or country) A W-VC.	What test confirmed diagnosis?
# 15. MAIDEN NAME Frances Ralaich	23. If death wes doe to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME + Course Ralaigh 16. BIRTHPLACE (city or town) Huspan Tany (State or country)	Accident, suicida, or homicide?0ate of Injury19
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
M. Soil. 2000.	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address)	opening anather injury occurred in intoosing in home, or in robelle PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 3 - 0 - 1 - 1937	Neture of injury
la la la de	7-1-
19. UNDERTAKER (Addrass)	24. Was diseesa or Injury in any way raisted to occupation of 32 assad?
1-1- 97 64014 13	(Signed) Wester Mu M. O.
20. FILED	(Addrass) Hagenstown mil
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 1 3 F D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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certificate.

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See instructions on back

'ION is very important.

state

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Jo

Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8104
1. PLACE OF DEATH	102
County Washington	Registration Dist. No. 302
Willage Dr City Hadeistown	No. 911 Will St. 4 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Shade SIX	Pas If U. S. Veteran, specify WAR
(a) Residence: No. 9/1 View	St. 4 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male with OR DIVORCED (write the word)	fully 30 193/.
5e. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Single	22. THEREBY CERTIFY Thet I ettended deceased from
2 2 12211	1932, to July 30, 1937
6. DATE OF BIRTH (month, dey, end year) apr. 9-1924	I last sawh_ alive on; deeth is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date safety bove, et/fm. The PRINCIPAL CAUSE OF DEATH end related causes of importence
13 3 2 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
9. Industry or business In which	1 Das ficernacion 2-3 de
work was done, as SILK MILL, SAW MILL, BANK, etc.	Lange of the state
10. Date deceased last worked at this occupetion (month and spent in this	
year) occupation	Other Committeery Causes of importance:
12. BIRTHPLACE (city or town) Aucenstown	Congenital angiones & left /34
(Stata or country)	Side Worlpart years, Osting
13. NAME Harry Sipeas	I brein will frotable raping
14. BIRTHPLACE (city or town). B hambersburg	Name of operation was a trace of head off.
(cross of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Susan Benchoff 16. BIRTHPLACE (city or town) & as Cagle (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) 6 as Cage	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT Havy sixeas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) A Cayler Now, Ma	
Plece & Kambersburgate 8/2 1937	Manner of injury
1 211 P. 7 . 21	
19. UNDERTAKER 6 A CLEAN Tracks M. (Address)	24. Wes disease or injury In any wey related to occupation of deceased?
(AUTOSS)	If so, specify (Signed) (Signed) (Signed)
20 FILED (97/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	MI.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2

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132	cample 1		Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ALCEIVE	D1915	Attack of epilcpsy_	1 week ago	
Chronic interstitial nephritis		1931	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 7 1937	July 5 1927	Peritonitis	3 days ago	
	BUREAU V.	5.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE C	F MAI	RYLAND	-CERTIF	ICAT	E OF	DEATH
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8108

1. PLACE OF DEATH	100
county VV ash: naton	Registration Dist. No. 302
Village or City Hage exstour	Not Vash. Cottospital St. 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Earl Les Smith	
	If U. S. Veteran, specify WAR
(a) Residence: No. 0 1 6 W. Tyautting (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 25
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
E-1- 1/ 1/10/	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
31 5 9. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Oate of onset 7/18/27
8. Trade, profession, or particular kind of work done, as SPINNER, Mey chaut	myscard Failing
kind of work done, as SPINNER, Mey chaut SAWYER, BOOKKEEPER, etc 9: Industry or business in which work was done, as SILK MILL(vacevy Store SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and year) - 4	
12. BIRTHPLACE (city or town) - Huyets	Other Contributory Causes of Importance:
(State or country)	
# 13. NAME Chas Edw Smith	
14. BIRTHPLACE (city or town) Huyetts	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TONE Le Seure 16. BIRTHPLACE (city or town) Huyetts	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Huy 2 HS (State or country)	Accident, suicide, or homicide?
Colate of Country)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (11) Carl held m. th	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Tay ars town unoate fely 2 , 193).	Nature of injury
19 UNDERTAKER A = 15, COSS Wall	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hagerstown, rud	If so, specify
20. FILEO 7 - 27 - , 1937 Mart Bowers	(Signed) M.D.
Registrar	(Address) Se W Washington

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis RECEIVED	3 days ago	
		AUG 6 1937		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8109
1. PLACE OF DEATH	97
County Washington	Registration Dist. No. 304
Village or City Smithslow	NoSt.,Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
1.11.0 8.19	40.
2. FULL NAME YOTEPH SMULL	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATHY
male white or DIVORCED (write the word)	(Month) (Qay) , 193 (ear)
5a. If marriad, widowad, or divorced HUSBAND of	V
(or) WEE of Margaret Smith	22. HEREBY CORTIFY That Lattendad daceasad from
May 14 184	I last saw h alive on 1967.
6. DATE OF BIRTH (month, day, and year) // Cuf / 4 - / 8 T. 7. AGE Years Months Pays If LESS than	
QQ 1 day hrs	
28 ormin.	were as follows:
o kind of work done, as SPINNER, Returned loan Inspec	L C) 9 / 93/
kind of work done, as SPINNER, the same same same sawyer, BOOKKEEPER, etc	occurred to
SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Julia many E of ama 4 ly
(Stata or country) England	
14. BIRTHPLACE (city or town) Sally	
4 14. BIRTHPLACE (city or town) England	Name of operation
	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
m. CHR	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smithsburg ma.	Specify whether injury occurred in INDUSTRI, in Home, of invocito PEAGE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piace Hageistown Oate /15 ,193	Nature of injury
1 M. Syter & Son	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER 6. (Address) Hazerstown md	if so, specify
O. A. With So Dia IN F.	(Signed) 7 6 8 04 2 M. O.
20. FILEO JULY 17.1, 1931 Vical Registrar.	(Address)
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		manuple 11	
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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
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Torner res. un le.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVE Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Corebral hemograpase	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	1)	

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	-
ite	S	Jo		ı
CD. Every	YSICIANS	statement		
T RE	Y. РН	Exact		-
RMANEN'	XACTL	classified.		4
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.	
HIS	pe	pe	Jo	
NK-T	should	it may	on back	
DING	AGE	so that	ctions	-
UNFA	upplied.	terms,	e instru	
WITH	efully s	in plain	ant. Se	Of the succession of the last
LY,	be car	EATH	import	
PLA	ould	FD	ery	
RITE	tion sh	USE 0	si NC	
M	ma	CA	TIC	
B			()	
Z		200	17	-

1. PLACE OF DEATH	MARTEAND	——— (121)	OI DEATH	
County Washingto	n		Registration Dist. No	302
Village or City A a gent	own	No. /29 720	ath an	& 4 Ward
Length of residence in city or town where death or	(7)	death occurred in a hospital or institut	ion, give its NAME instead of foreign birth?yrs	
2. FULL NAME May	Snyd	ec If U. S. Veteran,	specify WAR	
(a) Residence: No. 12 907	Lotta (Usual place of abode)	WSR 4 Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CE	ERTIFICATE OF DE	EATH
Female white	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	Ly 20 (ponth) (Day)	, 193 7
5a. If merriad, widowad, or divorced HUSBAND of (or) WIFE of	R		CERTIFY, That I	
Co -	# 17 1041	Morch 19	1 1 - 1 -	20, 19.3.7
6. DATE OF BIRTH (month, day, end yeer)	1/6-1813	I last sew h eliva on		., 19.3.7; death is said
7. AGE Yaers Months	Deys If LESS than 1 day,hrs.	to heve occurred on the date state. The PRINCIPAL CAUSE OF DEAT		tanca
6/17	ormin.	were as follows:	Mana totaled dasses of import	Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	useunto	Cerebral her	wrhage.	2 1/2
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			V	sefore des
work wes done, as SILK MILL, SAW MILL, BANK, etc.	in Home			
SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month end year)	11. Total time (years) spent in this occupation			
Ronto	1.3080	Other Contributary Causes of Impo	rtance:	100
12. BIRTHPLACE (city or town) (State or country)	Sa	Styperunsio	14	12 = 4
	No. 100	Chyonic my		
14. BIRTHPLACE (city or town).	- Truper	Chrome refle	rillo	
4. BIRTHPLACE (city or town)	Mylown	Name of operation	, ,	Deta of
(State or country)	P. 244	Whet test confirmed diagnosis? (thera en eutopsy? No.
16. BIRTHPLACE (city or town)	E. May	23. If deeth wes due to external cau		T
0 16. BIRTHPLACE (city or town)	ubgiland	Accident, suicide, or homicida?	Date of Inju	ıry, 19
(Stete or country)	ma	Where did Injury occur?	(Specify city or town, cour	aty and State)
17. INFORMANT Muss Josse (Address)	e Harper	Spacify whathar injury occurred in	INDUSTRY, in HOME, or in F	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7/2/	Manner of injury	******	
Place Hagesslown De	te /22 ,19.3.7	Neture of Injury		
19. UNDERTAKER G. M. Su	ter & Song	24. Was diseasa or Injury in any w	ey releted to occupation of de	ceesed? No.
(Address) Hagees	our ma	If so, specify	touth	
20. FILED. / - 2 2-, 193/ 16112	Registrar.	(Signad) (Address)	geratorh. V	ud
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, K	questing U. S. No. 1.	

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	Example I	11	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	dis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			• • • • • • • • • • • • • • • • • • • •	

N. B. WRITE PL.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	6	-	9
0	1	İ	4

1. PLACE OF DE	ATH			(46-B			
County Washington				Registration Di	et No	302	
Village or City Hagerstown			No. 24 W. E	Baltimore S	it.	Z_ Word	
village of City			(II	death occurred in a hospital or in	stitution, give its NAME is	nstead of street and	d number)
Length of residence in	city or town where	death occurred	yrsmos	ds How long in U.S.	if of foreign birth?	yrs	mosds.
2. FULL NAME	Blanch	Margare	t Stouffe	If U. S. Veter	an, specify WAR		
(a) Residence: No.	24 W.	Baltimo:	re Street	st., Z Ward.		ve city or town an	
PERSONAL A	ND STATIST			MEDICAL	CERTIFICATE		
	lor or race hite	s. single, Mari or Divorces Marri	RIED, WIDOWED, O (write the word)	21. DATE OF DEAT	July	22	., 193.77
5e. If married, widowed, or d	ivorced			-11	(Month)	(Day)	(1641)
HUSBAND of (or) WIFE of	Wilbu	r L. St	ouffer		BY CERTIFY.		
6. DATE OF BIRTH (month,	day end year) De	cember 2	24, 1886	I last saw base alive on.			; deeth is seld
7. AGE Years	Months	Days	If LESS than	to have occurred on the date s	stated above, at 12_N	OGA	
50	6	26	1 day,hrs.	The PRINCIPAL CAUSE OF D	EATH and related causes	of importance	
8. Trade, profession, or	particular		1 07	were as ronows.	Section 1		Date of onset
kind of work don SAWYER, BOOKK	ne, as SPINNER, KEEPER, etc	Home W	ork	Cocerns	Mone	ach	fimo
9. Industry or business	s in which						ages
kind of work dor SAWYER, BOOK 9. Industry or business work was done, a SAW MILL, BAN 10. Date deceased last business							
apart in this							
year)			pation	Other Contributory Causes of	importence:		
12. BIRTHPLACE (city or tow		stown					
(State or country)	Ma						
13. NAME Da	vid T. S	heppard					
14. BIRTHPLACE (city or		ngton C	ounty	Name of operation		Dete of.	
(State of country		Md.		Whet test confirmed diagnosis	?	Wes there ar	au'opsy?
15. MAIOEN NAME	Julia A	shburn		23. If death was due to externa	I causes (VIOLENCE) fill I	in also the follow	ing:
16. BIRTHPLACE (city or	town)Wa	shingto	n County	Accident, suicide, or homicide	? Da	ite of injury	, 19
(State or country) Md. 17. INFORMANT Wilbur L. Sheppard (Address) Hagerstown, Md.			Where did injury occur?				
			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		PLACE.		
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury				
Place Hagerstown, Md. Date July 24, 19 3			Nature of injury				
19, UNOERTAKER Fred W. Kraiss (Address) Hagerstown & Md.			24. Was disease or injury in a			_	
		Tea Illi	2- 1010	If so, specify(Signed)	DU/ A A	5	gg h
20. FILED 7 - 23 -	, 19.3. 7	nay /	Perito	(Address)	X X	and me	M. D.
Registrar.			Aegisirar.	" (Wontegg)	-4		

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Example I	18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RURPAU			
Other contributory causes of importance:		Other contributory causes of importance:	. 372
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	info sta UP.	1. PLACE OF DEATH	939	
	ould sta	county Washington	Registration Dist. No. 30	2
4	should f OCC	Village or City Hagers town	No.143 Alexander st. 5	Ward
X	.= 0	a (lic	No. 14 2 77 12 Kau dev St., St., St., St., St., St., St., St.,	
X	NS nt	Length of residence in city or town where death occurredyrs,1':mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	Eve	2. FULL NAME Javid VV Strike	If U. S. Veteran, specify WAR	
	RD. Every YSICIANS statement	(a) Residence: No. 143 Alexander	St., 2 Ward.	
4		(Usual place of abode)	If nonresident give city or town and State	
	RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	K. H.	OR DIVORCED (write the word)	21. DATE OF DEATH Sulle 193	7.
5	d. L	5a. If married, widowed, or divorced	(Month) (Day) ((Year)
BINDIN	RMANEN X A C T I classified.	HUSBAND of	22. 1 HEREBY CERTIFY, That attended decea	sad from
Ð	MA Z A Jass	(or) WIFE of Susau A.	Thank bth. 1977, to July 1 The.	19.37
BIL		6. DATE OF BIRTH (month, day, and year) May 30 - 1847	I last saw h alive on tuly	th Is said
جم	d erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	4
O	IS A PE stated E properly certificate.	90 1 8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	te of onset
F		8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dat	- 01 0113ef
RESERVED	HIS be be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Wremial: courselly benign Up	8 P. J. M.
2	VK—T should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Islangement of the prostate.	
回	×	SAW MILL, BANK, etc	glando exilip	
岛	1 10	Data deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation (DAYS-	·	
		Shi was alle leave	Other Contributory Causes of importanca:	
RGIN	d. so ucti	12. BIRTHPLACE (city or town) (State or country)	Carlingania	110
RG	IFA lie ms mstr	# 13. NAME David Strike.		74-2-0
[A]	D th d	I	Name of operation Date of	
	ITH U	14. BIRTHPLACE (city or town) Shippeus burg (State or country)	What test confirmed diagnosis? Was there an autops	our Mad
	X, WIT) carefully IH in pla	# 15. MAIDEN NAME NO Record	23. If death was due to external causes (VIOLENCE) fill in also the following:	171
	LY, WI be careful EATH in primportant.	E IS DIDYLIDIAGE (SIA CALLED AND MANAGEMENT)	Accident, suicide, or homicide?	19
	PLANTY, hould be ca OF DEATH very import	16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?	10
-	be EA imi	Too Strike	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
	Should OF D	17. INFORMANT SYCA ORY STOWN. M.	, , , , , , , , , , , , , , , , , , , ,	
	Sho Sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	on s SE SE	Plackagerstown. W Date July 1957.	Nature of injury	
	WRITE mation s CAUSE TION is	19. UNDERTAKER 17-15. COSS-man	24. Was disease or injury in any way related to occupation of deceased?	a
No. 1	LEOF	(Address) Hagers town Ind	If so, specify A Company MANA	
Si	В.	20, FILED 7 - 9 - 1937 64546 Lowers	(Signed)	M. D.
>	Z	Registrar.	(Address) the autologie, Uld.	
MS.	wer lass.	If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Comback homographics	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

state

storen he

1. PLACE OF			(3)
	ashington	7201742-672	Registration Dist. No. 302
			No. Washington County Hospistal 3 w If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NA	ME Dais,	Relle Suman	
			handers butters, Pa. If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Female	White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July 16, (Day) (Year) (Month) (Day) (Year)
5e. If married, widow HUSBAND of (or) WIFE of	Atwell F.	Suman	22. ALI HEREBY CERTIFY. That I attended deceased f
S. DATE OF BIRTH	(month, day, end year)	Tune 9, 1895	I last saw her elive on scalar 16 11937; death is
7. AGE Yea		Days If LESS than I day,hrs	to have occurred on the date stated above, at 40P m.
1D. Date decease this occu year)	L, BANK, etced last worked at pation (month end	11. Total time (years) spant in this occupation	Dither Coutributery Causes of importence:
(State or cour		Md. Llan Kline	Hypertension deseare
14. BIRTHPLACE (State or		ngton County	Name of operation
15. MAIOEN NAME Isora S. Wederbaugh 16. BIRTHPLACE (city or town). Washington County (Stete or county) Md.		nington County	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFDRMANT (Address) 18. BURIAL, CREMAT	Atwell F. S Chambersbur	Suman rg, Pa.	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
		1. Oate July 18, 1937	Manner of injury
19. UNOERTAKER (Address)	Fred W. Ki Hagerstown		24. Wes disease or injury in any way related to occupation of deceased?

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Challes Street, Baltimore, Revesting V. S. No. 1.

V. S. No. 1

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2

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 8 1937	July 5,1927	Peritonitis	3 days ago
BUREAUVE			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

S. No. 1

certificate.

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Example I	1	Example II	
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Chronic interstitial nephritis ECEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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WIREAU V.	5.		
Other contributory causes of importance: Gallstones		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 8118
1. PLACE OF DEATH 1 . Dr HIE	Sh man m
County Maskenster	Registration Dist. No. 30 2
Village or City Degenelum	No. 9 Hereford St., Z Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurredyrs,mos	
2. FULL NAME KIlkam Grann	y Maraman
(a) Residence: No Jovelland Man	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brown	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Obsil 2 1869	last saw h 2 alive on 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
68 3 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were, as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Hypertension
A 9. Industry or business in which Work was done, es SILK MILL, SAW MILL, BANK, etc	Chronic heplantes
D. Date deceased lest worked at this occupation (month end spent in this occupation occupation occupation)	
12. BIRTHPLACE (city or town) Sabellasville (State or country)	Other Contributory Causes of Importence:
13. NAME Sichard Tragament	7.9
14. BIRTHPLACE (city or town) Labellawellb (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unnic Mille	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT My 1/2 4. Hagaman	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fleen Well Cemeters Sule 14 1937	Manner of injury
19. UNDERTAKER Halter 4 Huggs	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hoyene land	If so, specify
20, FILED / - 12) Chast Bower of	(Signed) M.D.
Registrar.	(Address) / The Same Ala

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BINDING

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(Address)

20, FILED.

Вi

STATE OF MARYLAND-CERTIFICATE OF DEATH

If so, specify

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Registrar.

(Signed)

(Address)

(Day)

That I attended deceased from

Date of enset

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